

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 657-2941



January 24, 1994

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Pickle Coordinators

Letter No.: 94-09

## SSI/SSP PAYMENT STANDARDS CHART CORRECTION, DECEMBER 21, 1993

REF.: All County Welfare Directors Letter (ACWDL) No. 93-85

The Department of Social Services has corrected the SSI/SSP Payment Standards Chart which the Department of Health Services distributed in ACWDL No. 93-85 as "Corrected--11/30/93". Please change your SSI/SSP Payment Standards Chart for January 1, 1994 as follows:

1. The "Total" for "Aged or Disabled" couple in "Household of Another" was \$919.16; however, it should be \$919.82.
2. The "Total" for "Blind" couple in "Household of Another" was \$1,106.95; however, it should be \$1,106.61.
3. The "Total" for Blind/Aged or Disabled" couple in "Household of Another" was \$1036.90; however, it should be \$1,036.56.

A copy of the SSI/SSP Payment Standards Chart is included in this letter.

If you have any questions, please contact Ms. Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

P I C K L E   H A N D B O O K

SSI/SSP  
SECTION 16--PAYMENT STANDARDS  
JANUARY 1 THROUGH DECEMBER 31, 1994

	Independent Living Arrangement			Household of Another			Independent Living Arrangement Without Cooking Facilities			Nonmedical Board and Care		
	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP
<b>INDIVIDUAL:</b>												
Aged or Disabled	603.40	446.00	157.40	476.77	297.34	179.43	671.40	446.00	225.40	748.00	446.00	302.00
Blind	670.40	446.00	224.40	543.91	297.34	246.57				748.00	446.00	302.00
Disabled Minor	509.40	446.00	63.40	364.17	297.34	66.83				748.00	446.00	302.00
NMOHC				606.34	297.34	309.00						
<b>COUPLE:</b>												
Both are:												
Aged or Disabled												
Per couple	1,109.22	669.00	440.22	919.82	446.00	473.16	1,245.22	669.00	576.22	1,477.00	669.00	808.00
<b>BLIND:</b>												
Couple--Both are blind												
Per couple	1,297.01	669.00	628.01	1,108.61	446.00	660.95				1,477.00	669.00	808.00
<b>BLIND/AGED OR DISABLED</b>												
Couple--One is blind, the other is aged or disabled												
Per couple	1,226.95	669.00	557.95	1,036.66	446.00	590.90				1,477.00	669.00	808.00
<b>NMOHC</b>												
Per Couple				1,264.33	446.00	818.33						

Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction.

**NONMEDICAL BOARD AND CARE**

**FEDERAL BENEFIT RATE (FBR)**

	<u>Minimum</u>		<u>Maximum</u>	
<b>TOTAL</b>	<b>\$748.00</b>		<b>\$748.00</b>	
Board and Room	319.00		319.00	
Care and Supervision	275.00	Min.	341.00	Max.
Personal and Incidental Needs	154.00	Max.	88.00	Min.

**INDIVIDUAL**

Aged, Blind, or Disabled

**\$446.00**

**COUPLE**

Aged, Blind, or Disabled

**\$669.00**

\* Independent living arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and his/her parents live in the household of someone else, i.e., grandparents, etc.